

**North Carolina HIE  
Clinical and Technical Operations Work Group  
January 18, 2011 Meeting Notes**

The North Carolina Health Information Exchange (NC HIE)'s Clinical/Technical Operations Work Group's meeting was held from 5 p.m. – 7:30 p.m. on Tuesday, January 18, 2011. The public was invited to attend.

<b>Meeting Attendees – Work Group Members (Bolded Members in Attendance)</b>	
<b>Name</b>	<b>Organization</b>
<b>Dobson, Allen (Co-Chair)</b>	<b>Community Care of North Carolina</b>
<b>Kichak, J.P. (Co-Chair)</b>	<b>UNC Healthcare</b>
<b>Aldridge, Deborah</b>	<b>Stanly Medical Services</b>
Alexander, Ben	WakeMed Health & Hospitals
<b>Cox, Cynthia</b>	<b>NC Medical Society</b>
Cykert, Sam	AHEC, Moses Cone
Fenton, Michael	NC State CIO's Office
Graham, John	UNC Institute for Public Health
<b>Helm-Murtagh, Susan</b>	<b>BCBSNC</b>
Jennings, Arlo	Mission Hospitals
<b>Leister, Bill</b>	<b>LabCorp</b>
<b>McNeice, Keith</b>	<b>Carolinas Healthcare System</b>
McNeill, John A. ("Sandy")	North Carolina Health Facilities Association
<b>Spencer, Don</b>	<b>Community Care of NC at UNC</b>
Taylor, Angela	NC Department of Health and Human Services
Tcheng, James	Duke University Medical Center
<b>Torontow, John</b>	<b>Piedmont Health Services</b>
<b>Meeting Attendees – Members of the Public</b>	
Missy O'Neal	IBM
<b>Staff</b>	
Alan Hirsch	NC HIE
Anita Massey	NC HIE
Sandra Ellis	NC HIE
Fred Goldwater	NC HIE
Lammot du Pont	Manatt Health Solutions
Brenda Pawlak	Manatt Health Solutions
Tim Kwan	Manatt Health Solutions
Christine Chang	Manatt Health Solutions

## Agenda

- Welcome and Roll Call
- Update on Statewide HIE Progress
- Discuss Relaunch of Work Group
- Review of NC HIE Approach to Statewide HIE
- Defining HIE Infrastructure – Next Steps
- Process for Developing and Releasing RFP for HIE Services
- Public Comment

## Items of Business

- **Please refer to January 18<sup>th</sup> Clinical and Technical Operations Work Group Meeting Slide Deck and supplementary materials.**

### Update on Statewide HIE Progress:

- The Work Group reviewed updates on the Statewide HIE. The NC HIE Strategic and Operational Plans were approved by the Office of the National Coordinator for Health IT (ONC) in October 2010. In December 2010, the Governor issued an executive order, identifying NC HIE as North Carolina's State-Designated Entity. NC HIE is now a fully operational, with Alan Hirsch acting as interim CEO. Interviews for a permanent CEO are planned for the end of February with a decision by April. The Work Group also heard brief updates on the status of other Work Groups.

### Discuss Relaunch of Work Group:

- The Work Group reviewed progress and changes since its last meeting in August 2010. It was noted that the Work Group remains the forum for updating stakeholders, identifying priorities, receiving feedback, building consensus and making recommendations. Membership and support from Manatt will also continue.
- In regards to new items, Fred Goldwater was introduced to the Work Group as NC HIE's interim Chief Information Officer. New Work Group tasks now include refining the requirements for Core and Value-Added Services, providing input on RFPs and facilitating the deployment and integration of HIE services into the health system. Conflict of interest policies will be put into place during the procurement process and new stakeholders are expected to become involved as the HIE continues to grow.

### Review of NC HIE Approach to Statewide HIE:

- The Work Group reviewed NC HIE's approach to statewide HIE. The operational plan lays out the foundation of the HIE. NC HIE will implement core services (security services, patient matching, master facilities index, master clinician index, NHIN Gateway) that will facilitate access to value-added services such as lab normalization, immunization, medication management and quality reporting.
- The Work Group then reviewed tasks and timelines in regards to core services, value-added services, consent management and progress measures. NC HIE is waiting on progress measures guidance from ONC.

Defining HIE Infrastructure – Next Steps:

- The Work Group reviewed the process for prioritizing Value-Added HIE Services: clinical functions were mapped to HIE services, HIE services were rated across key categories and phase one or two recommendations were developed. These were then compared to other states.
- The Work Group then re-assessed phasing proposed in the Operational Plan, particularly in regards to four areas:
  - **Lab normalization** – The Work Group had originally placed this in Phase 1 as it provides value to end users, but had concerns that it may be too complex and expensive to complete in the given timeframe. The Work Group decided to keep lab normalization in Phase 1, but define and address specific aspects.
  - **Access to immunization data** – The Work Group discussed the need to work with the immunization registry, use CDC standards and reduce double entry. The Work Group decided the immunization registry should align with HIE architecture.
  - **Eligibility check** – The Work Group originally placed this is low priority as it is not included in Stage 1 Meaningful Use and it is more administrative. However, it does provide high value for end users. The Work Group decided that additional analysis is needed.
  - **Quality reporting** – The Work Group originally placed this in Phase 1, but requirements vary and it can be costly and complex. The Work Group decided to consult with more clinicians.
- The Work Group then refined the definition of core services to include in the RFP, reviewed the mapping of cores services to Value-added Services and outlined next steps for finalizing core requirements. The Work Group will continue to discuss these issues in future meetings.

Process for Developing and Releasing RFP for HIE Services:

- The Work Group reviewed the deliverables and timelines for developing, releasing and awarding an RFP for HIE Services. Like other states, the Work Group plans to use an external consultant to drive the HIE vendor RFP process. The RFP has been drafted and though the timeframe is short, it is achievable.

Public Comment:

- In response to a question, the Work Group stated that the quality reporting measures will be drawn from multiple sources, including CCNC.

**Key Decisions**

- The Work Group decided to keep lab normalization in Phase 1, but define and address specific aspects.
- The Work Group decided the immunization registry should align with HIE architecture.
- The Work Group decided that additional analysis on eligibility checks is needed.
- The Work Group decided to consult with more clinicians in regards to quality reporting.

## NC HIE Clinical & Technical Operations Work Group

Meeting Notes – January 18, 2011

<b>Outstanding Issues</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>
<b>Action Items/Next Steps</b>
<ul style="list-style-type: none"><li>• NC HIE to release RFP for consultant to assist NC HIE to develop statewide HIE services RFP.</li><li>• Conduct additional research and analysis on lab normalization, immunization registry, eligibility checks and quality reporting.</li></ul> <p><b>NEXT MEETING:</b></p> <ul style="list-style-type: none"><li>• Review RFP responses.</li></ul>
<b>Next Meeting</b>
<ul style="list-style-type: none"><li>▪ The Technical/Clinical Operations Work Group will next meet on February 11<sup>th</sup> from 4 p.m. – 6:30 p.m.<ul style="list-style-type: none"><li>– Location for in-person attendees: North Carolina Institute of Medicine</li><li>– Dial-in information for those wishing to participate via phone:<ul style="list-style-type: none"><li>• 1-866-922-3257, Participant code: 654 032 36#</li></ul></li></ul></li></ul>